

**TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.**

526 Superior Avenue, Suite 1111  
Cleveland, Ohio 44114

Phone: (216) 621-2234  
Facsimile: (216) 621-4072

22581 U.S. PTO  
10/758051  
011404

**PATENT**

Attorney Docket No. **HW-6916**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Leif Einar Stern**

For (title): **DEVICE FOR DISCHARGE OR OUTFEED OF A PASTY PRODUCT,  
PREFERABLY FOODSTUFF, FROM A CONTAINER**

Enclosed are:

**1. Papers Required for Filing Date Under 37 CFR 1.53(b):**

- 10 Pages of specification
- 1 Pages Abstract
- 8 Pages of claims
- 2 Sheets of drawing
- ☒ formal (Figs. 1-2)
- ☐ informal

In addition to the above papers there is also attached: **An Information Disclosure Stmt (2 pgs.);**  
**PTO-Form 1449 (1 pg.); and ONE (1) reference**

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **January 14, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EU-712715715US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Anita J. Galo**

(Type or print name of person mailing paper)

*Anita J. Galo*  
(Signature of person mailing paper)

2. Declaration or oath:

☒ Enclosed (Executed)

☐ Not Enclosed.

3. Language :

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

4. Assignment:

☐ An assignment of the invention to \_\_\_\_\_

☐ is attached.

☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

Sweden

0300063-5

15-Jan-03

(Country)

(Appln. No.)

(Filed)

(Country)

(Appln. No.)

(Filed)

(Country)

(Appln. No.)

(Filed)

from which priority is claimed

☐ is attached

☒ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 770.00
Total Claims	21	-20 =	1 X \$ 18.00	18.00
Independent Claims	3	- 3 =	0 X \$ 86.00	0.00
Multiple dependent claim(s), if any			0 + \$290.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☒ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation

**\$788.00**7. **Small Entity Statement**

- ☐ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$788.00**
- ☐ assignment recordal fee \$ \_\_\_\_\_
- ☐ for processing an application with a specification in a non-English language \$ \_\_\_\_\_

**Total fees enclosed****\$788.00**9. **Method of Payment Fees:**

- ☒ check in the amount of **\$788.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

TAROLLI, SUNDHEIM, COVELL,  
& TUMMINO L.L.P.  
526 SUPERIOR AVENUE, SUITE 1111  
CLEVELAND, OHIO 44114-1400  
Tel. No. (216) 621-2234  
Fax No. (216) 621-4072  
Customer N .: 26,294

  
SIGNATURE OF ATTORNEY, REG. NO. 36,029

James L. Tarolli  
Type or print name of attorney